PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

to respond to	a collection of in	formation unless it displays a valid OMB control number
Patent Number		6,831,065
Issue Date		December 14, 2004
First Named Inventor		Michael J. MAY
Title	ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF	
Art Unit		1653
Examiner Name		R. Mitra
Attorney Docket No.		117886-00103

I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: x Practitioners associated with the Customer Number: 86738 OR Practitioner(s) named below: Registration Number Name Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta Patent and Trademark Office connected therewith.					
x Practitioners associated with the Customer Number: 86738 OR Practitioner(s) named below: Registration Number Name Registration Number Name Registration Number Name Registration Number Number					
OR Practitioner(s) named below: Registration Number Name Registration Number Number Name Registration Number Start Number Numb					
Name Registration Number Name Registration Number Name Registration Number Startion Number Number					
Name Number Name Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta Patent and Trademark Office connected therewith.					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta Patent and Trademark Office connected therewith.					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta Patent and Trademark Office connected therewith.					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta Patent and Trademark Office connected therewith.					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta Patent and Trademark Office connected therewith.					
1 atont and Tradonant Sines Services different					
Please recognize or change the correspondence address for the above-identified application to:					
X The address associated with the above-mentioned Customer Number:					
OR					
The address associated with Customer Number:					
Marie Lagratine Zebergkin Dh.D. L.D.					
Film or Maria Laccotripe Zacharakis, Ph.D., J.D. MCCARTER & ENGLISH, LLP					
Address 265 Franklin Street					
O' Doctor 100440					
City Boston State MA Zip 02110 Country US Telephone 617-449-6500 Email mzacharakis@mccarter.cc					
l am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Tarrosly Washing Date 41709					
Name Dunitry K. Publinum Telephone 743, 432, 4949					
Title and Company VP & General Counsel Yale University					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are submitted.					
I hereby certify that this paper (along with any paper releted to as being atteched or enclosed) is being transmitted via the Office electronic filing system in accordance					

	y that this paper (along	ith any paper releted to as being atteched or enclosed) is being transmitted via the Office electronic filing system in accordance with
§1.6(a)(4). Dated:	4/23/09	Signeture: